

04/26/01

04/26/01

**UTILITY
PATENT APPLICATION
TRANSMITTAL**Only for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No. 206580US0

First Inventor or Application Identifier Hidetaka IW al.

Title EMULSION COSMETIC

Assignee Name: Kao Corporation

Assignee Address: 14-10, Nihonbashi, Kayabacho 1-chome, Chuo-ku, Tokyo.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification Total Sheets **30**
3. ☐ Drawing(s) (35 U.S.C. 113) Total Sheets **1**
4. ☒ Oath or Declaration Total Pages **3**
 - a. ☒ Newly executed (original)
 - b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation / divisional w/ box 17 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).
5. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification or Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

- ACCOMPANYING APPLICATION PARTS**
7. ☐ Assignment Papers (cover sheet & document(s))
 8. ☒ Application Data Sheet. See 37 CFR 1.76
 9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
 10. ☐ English Translation Document (if applicable)
 11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (5)
 12. ☐ Preliminary Amendment
 13. ☒ White Advance Serial No. Postcard
 14. ☒ Certified Copy of Priority Document(s) (2)
(if foreign priority is claimed)
 15. ☐ Applicant claims small entity status.
See 37 CFR 1.27
 16. ☒ Other: Notice of Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:
Group Art Unit:

Prior application information: Examiner:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

- ☐
- This application is a
- ☐
- Continuation
- ☐
- Division
- ☐
- Continuation-in-part (CIP)
-
- of application Serial No. Filed on
-
- ☐
- Which was published in English
-
- ☐
- Which was not published in English
-
- ☐
- This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS**22850**

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	4/26/01
Name:	C. Irvin McClelland	Registration No.:	

C. Irvin McClelland
Registration Number 21,124

Docket No. 206580US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hidetaka IWAI, et al.
SERIAL NO: New Application
FILING DATE: Herewith
FOR: EMULSION COSMETIC

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	9 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$710.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$710.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$710.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



Norman F. Oblon

Registration No. 24,618

C. Irvin McClelland
Registration Number 21,124



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/00)